

Name
in
Full

Perry Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-------------------------|-------------|---|---------------------|------------|
| Died at | Town | County | MARYLAND | | |
| Died at | Campbelltown, | Hanover | | | |
| Date of death | Month | Day | Years | Months | Days |
| 1908 | 12 | 19 | 29 | | |
| Sex | Color or Race | White | Birth-place | Waldens Me | |
| Occupation | House wife | | Where Residing if not at place of death | Stonely Dr. | |
| Married, Single Widowed | Name of Wife or Husband | Dan W Baker | | Father's Birthplace | Don't know |
| Father's Name | I do not know | | Mother's Birthplace | Don't know | |
| Mother's Maiden Name | Don't know | | How related to deceased | None | |
| Name of person giving information | Ebe Hollard | | How long | 137 | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Septic breast following

How long

8 weeks

Immediate

Heart failure

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

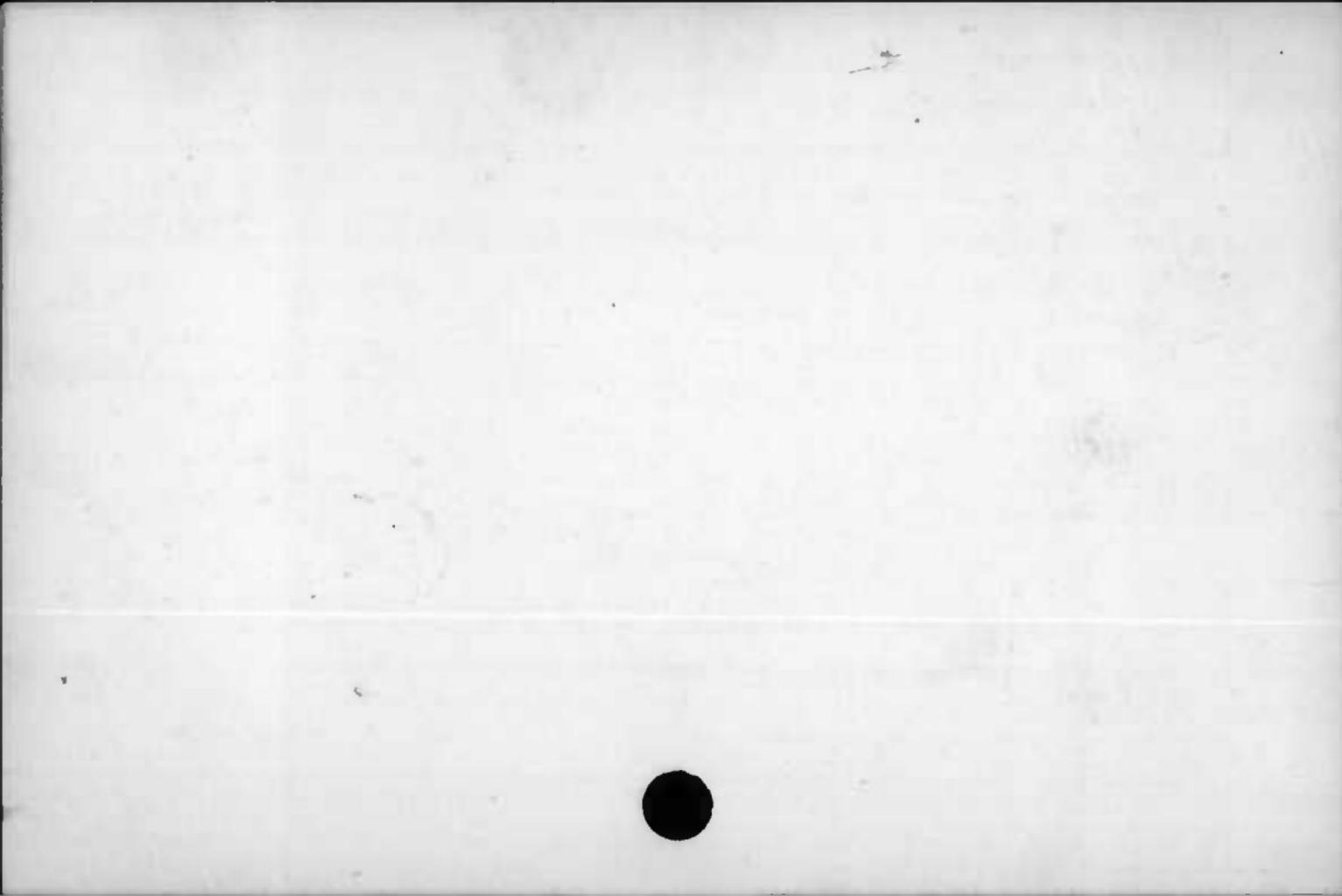
Signature of Physician

Address

Yes

Ebe Hollard
Mrs. Berney

Accident or Suicide?



Name
in
Full

Zer. Barkley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|--------------------------------------|--|----------------------------|----------------|
| Town Died at | Snowfield | County | MARYLAND |
| Date of death 1908 | Month June | Day 28 | Years 16 |
| Sex male | Color or Race Negro | Birth- place | Friethand M.D. |
| Occupation | Where Residing if not at place of death | L | |
| Married, Single or Widowed | Name of Wife or Husband | L | |
| Father's Name | Winfred Barkley | Father's Birthplace | Ind |
| Mother's Maiden Name | Ziggy Shockley | Mother's Birthplace | Bi d. |
| Name of person giving Information | Richard Shockley | How related to deceased | Brother |

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary

Typhoid fever

How long

Unknown

Immediate

"

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John L. Riley
Brown Hill.
Md.

Accident or Suicide?



Name
in
Full

Charlotte Coffie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at May Berlin

Town

Date of death 1908

Month

Day

County

Years

Months

Days

Age 76Sex Female

Color or Race

White

Birthplace

Berlin MD

Occupation

House wifeWhere Residing if not
at place of deathMarried Single
 WidowedName of ~~Wife~~
HusbandJoel Coffie

Father's Name

William Reed

Father's Birthplace

Md

Mother's Maiden Name

Hulda

Mother's Birthplace

MD

Name of person giving information

Bro Sp. Burbage

How related to deceased

Nose

CAUSES OF DEATH

65

How long

2 years

Primary

Aphexy & softening of brain

How long

2 days

Immediate

ConvulsionsEby J. Glend

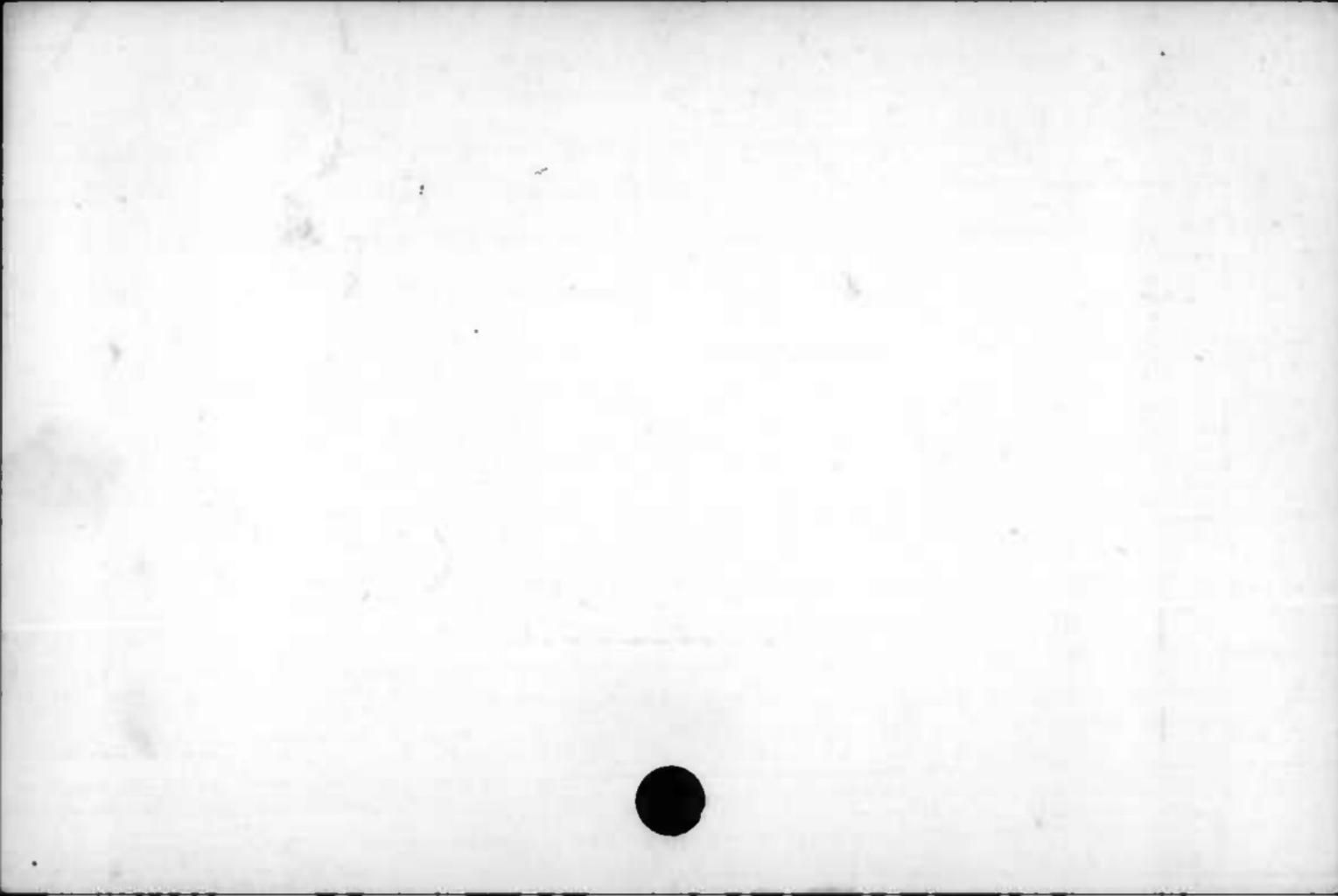
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

(Accident or Suicide?)

PHYSICIAN
OR CORONER



Name
in
Full

Ruthur S. Durr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--|---|-----------------|-------|----------|--------|---------|
| Town | County | | | MARYLAND | | |
| Died at Brownsville | Worcester | | | | | |
| Date of death 1908 | Month June | Day 24 | Age 8 | Years | Months | Days 24 |
| Sex male | Color or Race white | Birth-place End | | | | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | |
| Father's Name Frank Durr | Father's Birthplace End | | | | | |
| Mother's Maiden Name Annie B. West | Mother's Birthplace .. | | | | | |
| Name of person giving information Frank Durr | How related to deceased Father | | | | | |

CAUSES OF DEATH

7

Primary

Scarlet fever nephritis

How long

3 weeks

Immediate

Brain infection from Otitis

How long

10 day

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

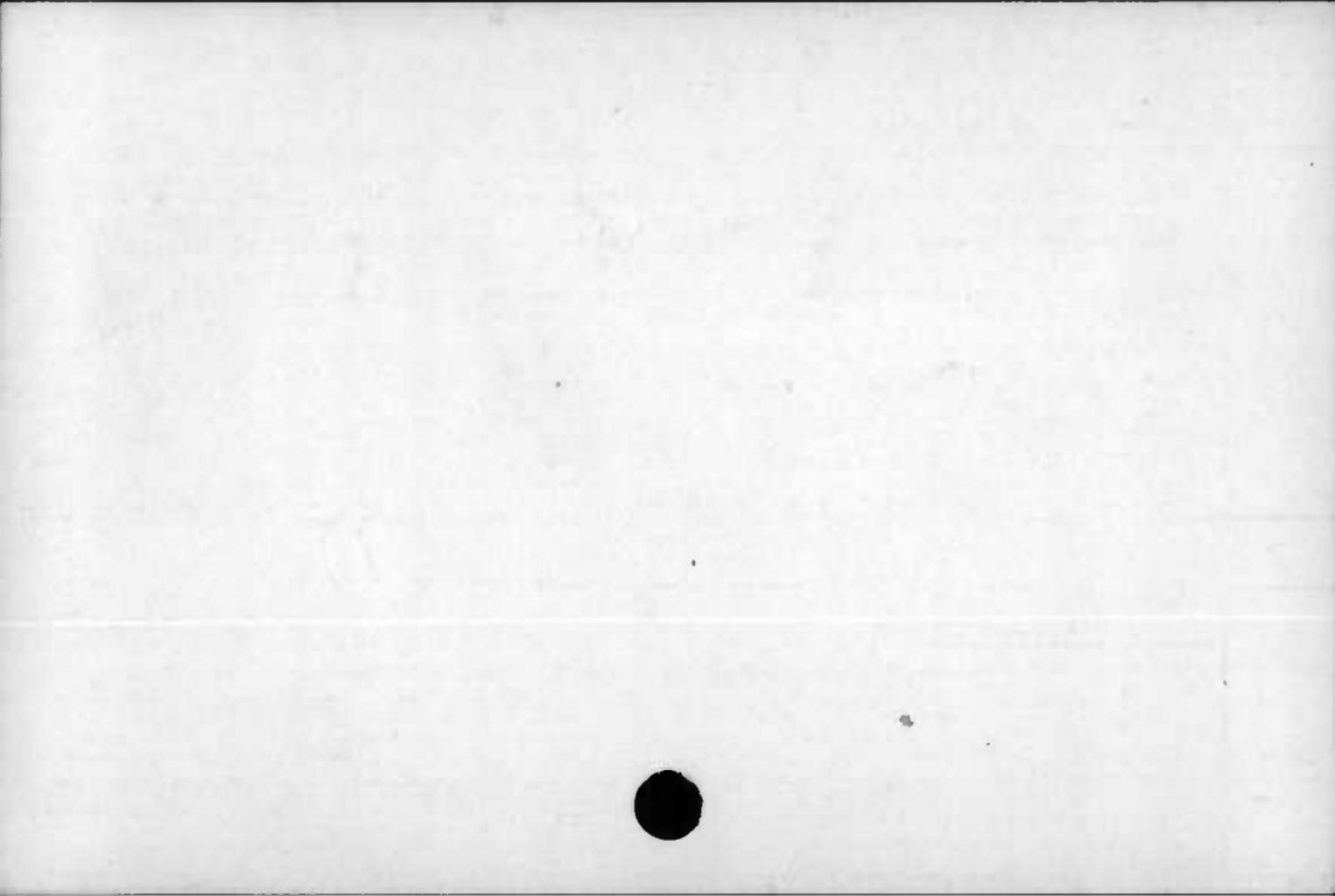
Han Jones

Address

Snow Hill

End

Accident or Suicide?



Name
in
Full

Infant

Fassett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Berlin

Town

County

MARYLAND

Date of death 1908 Month June Day 17 Years — Months One Days —

Sex Female

Color or Race

Colored

Birth-place

Berlin

Occupation

House

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Wm Fassett

Father's Birthplace

dead

Mother's Maiden Name

Zena Fassett

Mother's Birthplace

Berlin

Name of person giving
Information

Zena Fassett

How related
to deceased

Mother

CAUSES OF DEATH

179

How long

Primary

None

How long

Immediate

None

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

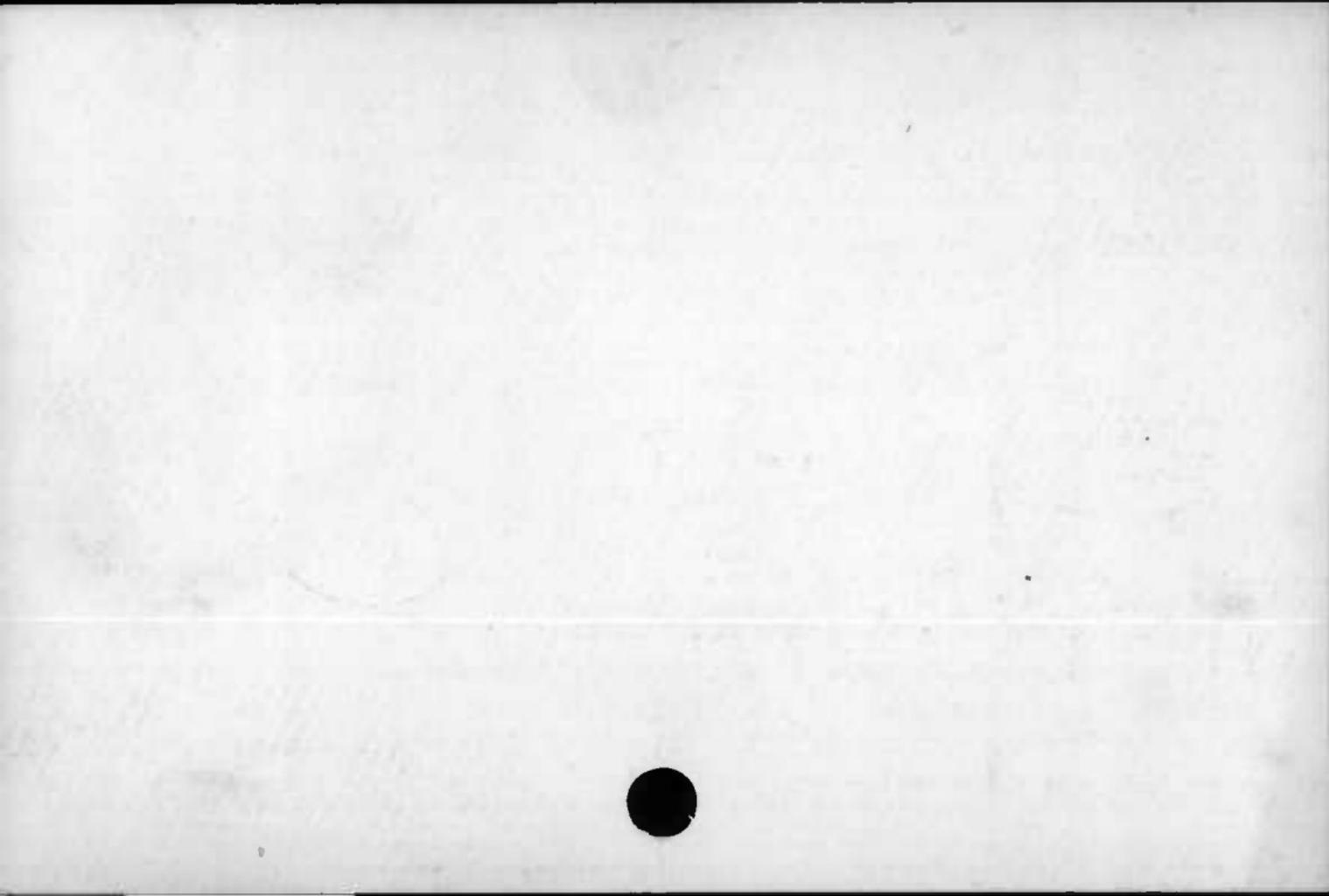
Yes

Address

Berlin Md.
OK & A Massey

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Roy Harnan.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Drowned Ocean City Town Mary. County

MARYLAND

| | | | | | | |
|--|---|--------------------------|-----------------|-----|--------|------|
| Date of death <u>1908</u> | Month <u>6</u> | Day <u>8</u> | Years <u>18</u> | Age | Months | Days |
| Sex <u>Male</u> | Color or Race <u>white</u> | Birth-place <u>clad.</u> | | | | |
| Occupation <u>Fisherman</u> | Where Residing if not at place of death | | | | | |
| <u>Married, Single or Widowed</u> | Name of Wife or Husband | | | | | |
| Father's Name <u>Harcett Harnan</u> | Father's Birthplace <u>clad.</u> | | | | | |
| Mother's Maiden Name <u>Emma</u> | Mother's Birthplace <u>clad</u> | | | | | |
| Name of person giving information <u>E. B. Burbage</u> | How related to deceased <u>None</u> | | | | | |

CAUSES OF DEATH

172

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

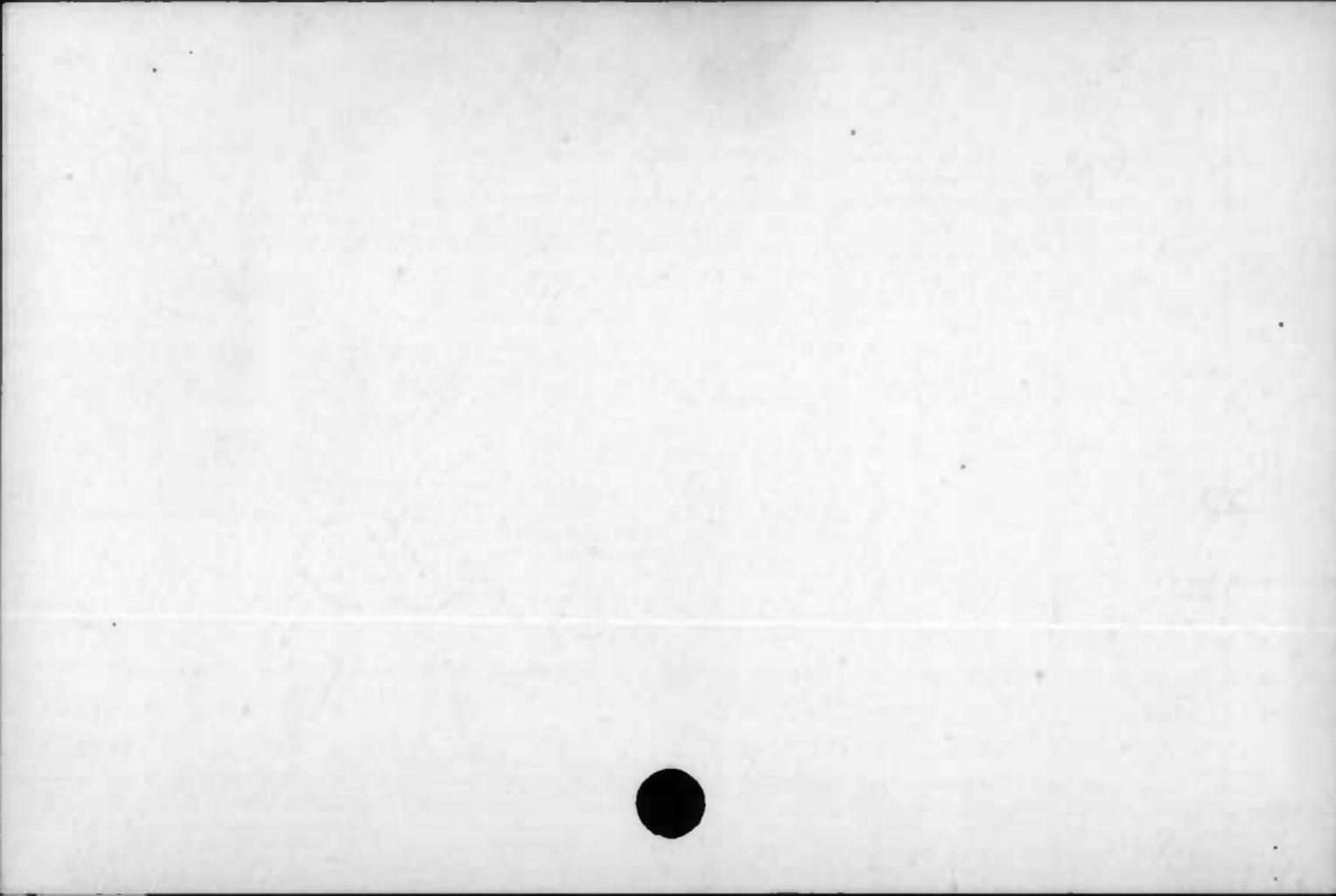
Rose

Drowned

Address

Accident or Suicide

El A. Massey



Name
in
Full

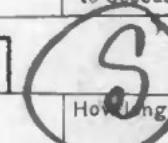
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

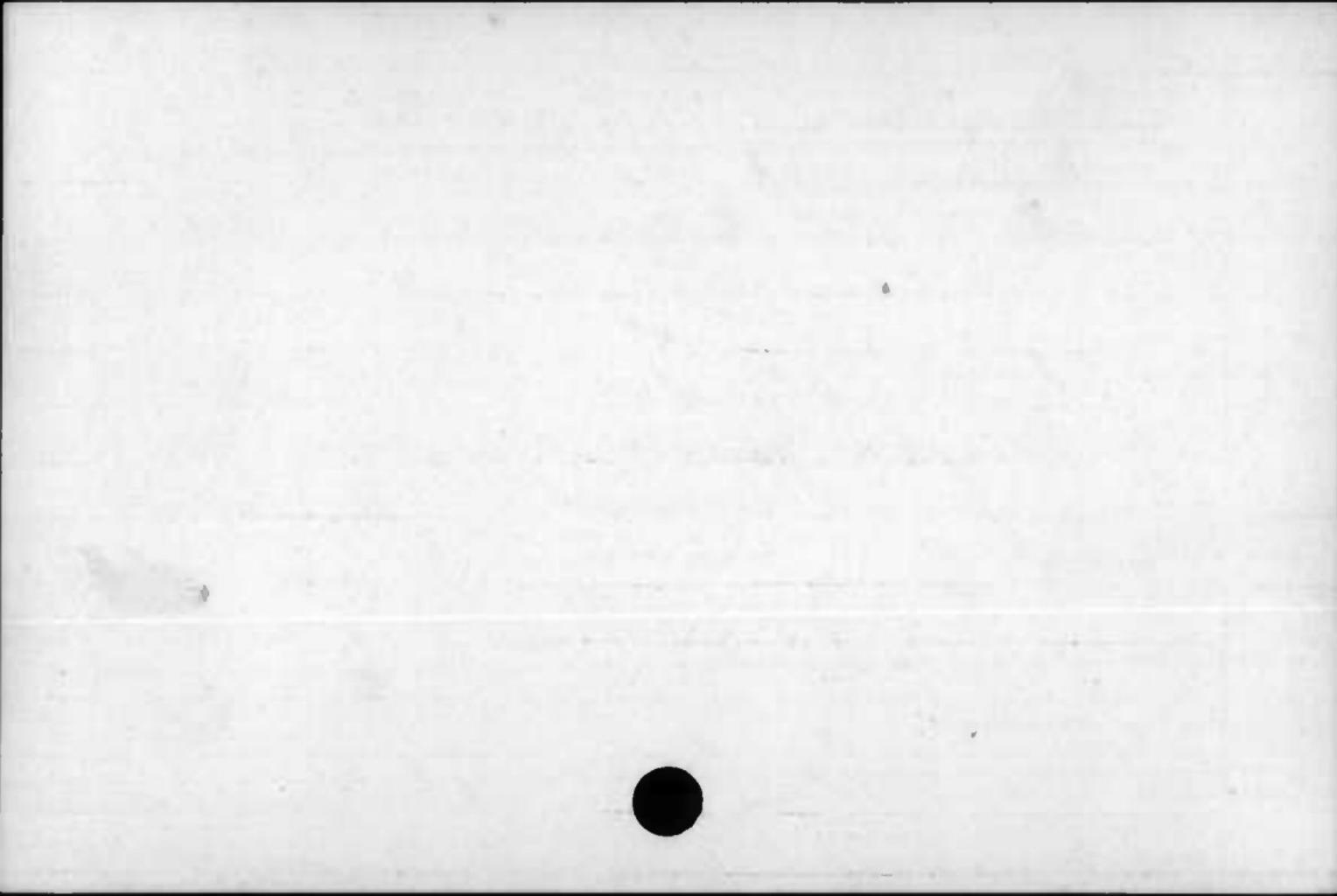
PHYSICIAN
OR CORONER

| | | | | | | |
|-----------------------------------|-----------------|---|---------|-------------------------|-----------|----------|
| Died at | Town | Hubbard | | County | Worcester | |
| Date of death | Month | Day | Years | Months | Days | MARYLAND |
| 1908 | June | 23 | Age | - | - | |
| Sex | Male | Color or Race | colored | Birth-place | Ned | |
| Occupation | v. | Where Residing if not at place of death | | | v. | |
| Married, Single or Widowed | v. | Name of Wife or Husband | v. | Father's Birthplace | Md | |
| Father's Name | John Hubbard | | | Mother's Birthplace | | |
| Mother's Maiden Name | Mayella Hubbard | | | How related to deceased | Ned | Father |
| Name of person giving information | John Hubbard. | | | | | |

CAUSES OF DEATH



| | | |
|--|------------|-----------------------------|
| Primary | | |
| Immediate | Still Born | |
| Are the name, age, sex, color, date and place correctly given above? | v. | Signature of Physician |
| | | Address |
| Accident or Suicide? | v. | J. Wilson Baltimore City |



Name

In
Full

Evelyn E Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Town County
Paramore City Worcester

MARYLAND

Date Month Day Years Months Days
of death 1908 Jun 12 Age 4Sex Female Color or Race Colored Birthplace
Occupation druggist place of death 11

Married, Single or Widowed Name of Wife or Husband

Father's Name Tom Hughes Father's Birthplace Dorchester Co

Mother's Maiden Name Father Rice Mother's Birthplace Accomac Co

Name of person giving information Tom Hughes How related to deceased Father

CAUSES OF DEATH

104

How long

Primary

Indigestion

all its life

Immediate

Malas mico

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jesse S. Collier
Paramore City MdPHYSICIAN
OR CORONER

Accident or Suicide?

8

Name
in
Full

Julia Jones

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

| | | | | | | |
|--|--|-------------------------|---------------|----------------|------------------|---------------|
| Died at <u>Snow Hill</u> | | County <u>Worcester</u> | | MARYLAND | | |
| Date of death <u>1908</u> | Month <u>June</u> | Day <u>30</u> | Age <u>90</u> | Years <u>2</u> | Months <u>13</u> | Days <u>0</u> |
| Sex <u>female</u> | Color or Race <u>white</u> | Birthplace <u>Ind</u> | | | | |
| Occupation <u>-</u> | Where Residing if not at place of death <u>-</u> | | | | | |
| <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed | Name of Wife or Husband <u>-</u> | | | | | |
| Father's Name <u>Joshua Jones</u> | Father's Birthplace <u>Ind</u> | | | | | |
| Mother's Maiden Name <u>unknown</u> | Mother's Birthplace <u>-</u> | | | | | |
| Name of person giving Information <u>Chas Dryden</u> | How related to deceased <u>Nephew</u> | | | | | |

CAUSES OF DEATH

154

How long

Primary Old age

How long

Immediate Accident (fall from top of staircase to floor) 3 months

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

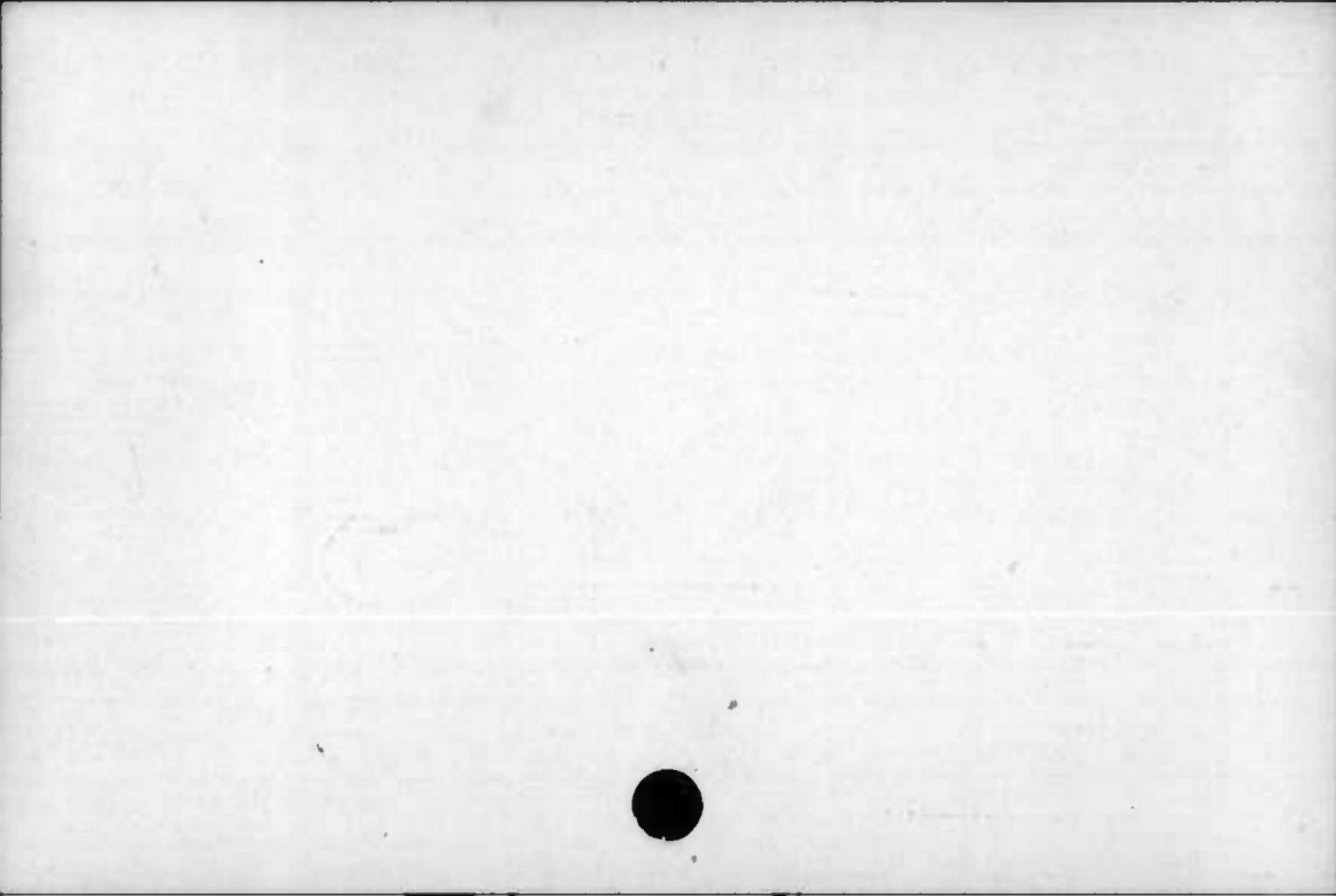
Address

John S. Sydell

Snow Hill

Ind

Accident or Suicide?



Name
in
Full

Mable Smith Col

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------|-----------------------|---|-----------------------------|-------------|------|
| Died at | Town Pocomoke City | County Wicomico | MARYLAND | | |
| Date of death | Month June | Day 2 | Years 1 | Months 6 | Days |
| Sex | Female | Color or Race Colored | Birth- place Pocomoke | | |
| Occupation | ✓ | Where Residing If not at place of death ✓ | | | |
| Married, Single or Widowed | ✓ | Name of Wife or Husband ✓ | | | |
| Father's Name | Mr. H. Smith | Father's Birthplace Wicomico Co. | | | |
| Mother's Maiden Name | Martha Gray | Mother's Birthplace Pocomoke | | | |
| Name of person giving Information | Martha Smith | How related to deceased Mother | | | |

CAUSES OF DEATH

167

How long
24 hours

How long
1/2 hours

PHYSICIAN
OR CORONER

Primary

3rd degree burn
(Clothing caught fire from match)

Immediate

Spasmodic

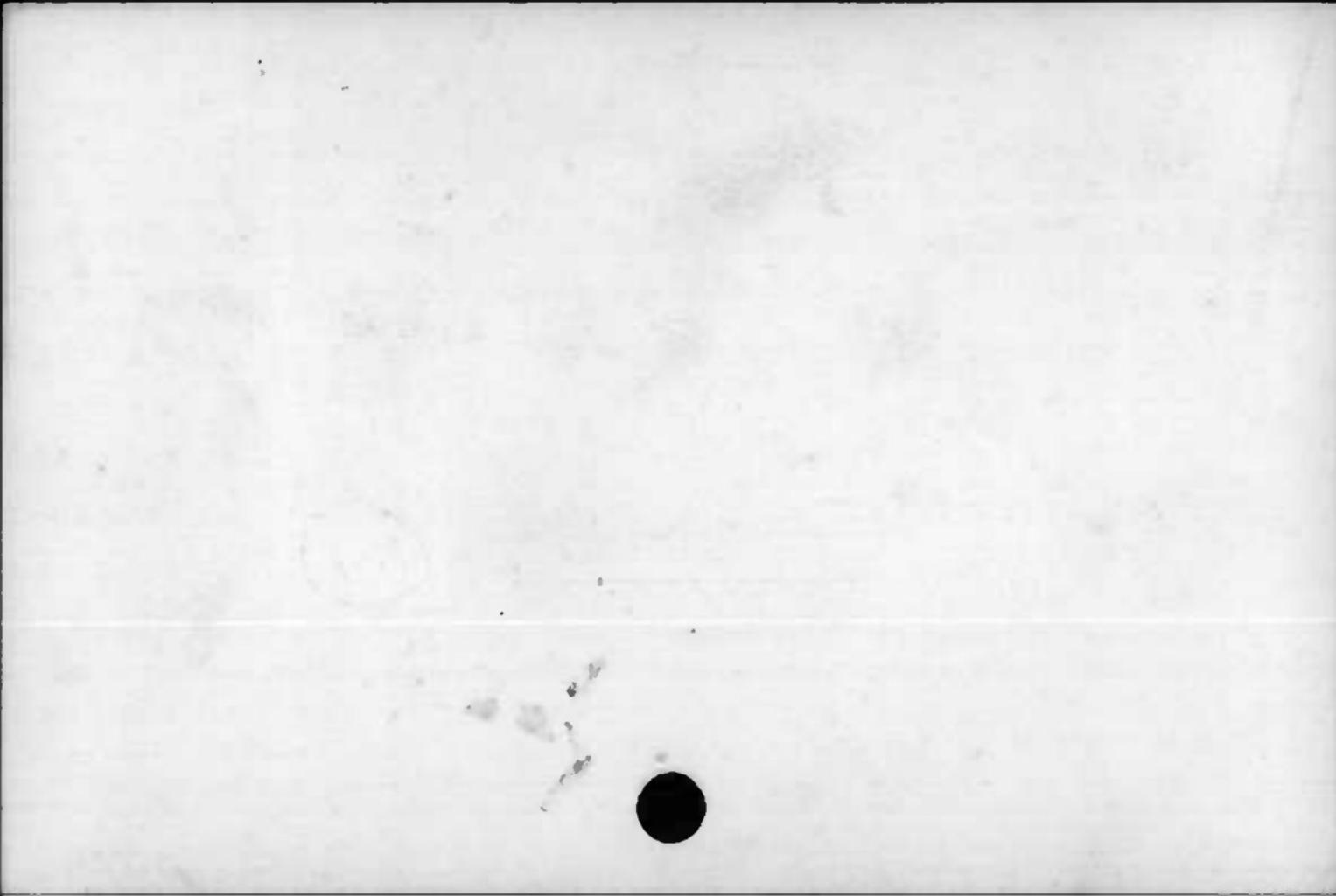
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

R. Leefael
Pocomoke City, Md.

Accident or Suicide?



**Name
in
Full**

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|--|-------------------------|-----------------------------|----------------------|-----------|--|
| Seven Spence | | | | CERTIFICATE OF DEATH | | |
| Died at | Town near Berrien | County Nor | | MARYLAND | | |
| Date of death | Month June | Day 30 | Years — | Months 4 | Days — | |
| Sex | Color or Race Nolle Black | | Birth-place near Berrien | | | |
| Occupation | Where Residing if not at place of death None near Berrien | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | |
| Father's Name | Unknown | Father's Birthplace | Unknown | | | |
| Mother's Maiden Name | Laura. Spence | Mother's Birthplace | Berrien | | | |
| Name of person giving Information | Laura .. | How related to deceased | Mother | | | |

PHYSICIAN & COBONDER

| CAUSES OF DEATH | | 179 |
|---|-------------------------|---------------------------------------|
| Primary | <u>Murder</u> | How long |
| Immediate | — | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician |
| <u>Yes</u> | | Address |
| Accident or Suicide | <u>C. H. D. A. Many</u> | <u>J. W. Burbage</u> <u>Murder</u> |

CERTIFICATE OF DEATH

MARYLAND

Day 1

1

Address

Address J. W. Busbage
Undercover OFFICE SUPPLY CO. 8-20

OFFICE SUPPLY CO. 8-20--08



Name
In
Full

James Henry Taylor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND.

| | | | | | | |
|-----------------------------------|----------------|---|-------------|-------------|----------|--|
| Died at | | Town | County | | MARYLAND | |
| Date of death | Month | Day | Years | Months | Days | |
| 1908 | June | 24 | Age 88 | 4 | 10 | |
| Sex | Male | Color or Race | White | Birth-place | Wa. | |
| Occupation | Farmer | Where Residing if not at place of death - | | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Anne Hudson | | | |
| Father's Name | William Taylor | Father's Birthplace | Wa. | | | |
| Mother's Maiden Name | Dixt Kew | Mother's Birthplace | Dixt Kew | | | |
| Name of person giving information | Thomas Taylor | How related to deceased | Son | | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Libor-Pneumonia

How long

10 weeks

Immediate

Exhaustion

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

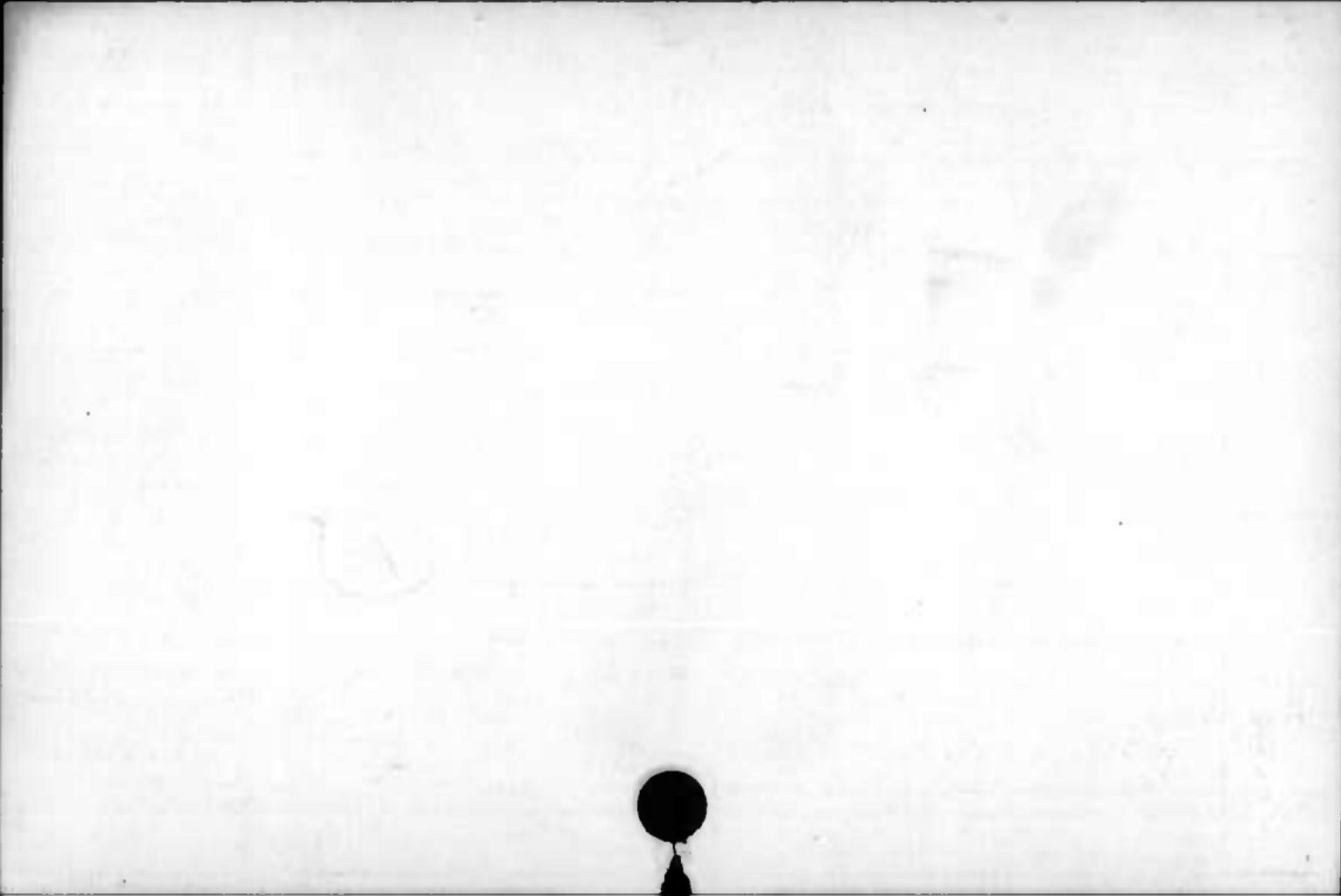
Signature of Physician

John D. Dickerson

Address

Stockbridge Md.

Accident or Suicide?



Name
in
Full

Kate Townsend

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | | |
|-----------------------------------|-----------------|---|-------------------------|---------------------|----------|------|--|
| Died at | | Town | County | | MARYLAND | | |
| Died at | Sympney and | Wor | | | Months | Days | |
| Date of death | 1908 | Month 6 | Day 16 | Years 40 | — | — | |
| Sex | Female | Color or Race | white | Birth-place | Md | | |
| Occupation | Baak | Where Residing if not at place of death | | — | | | |
| Married, Single or Widowed | — | Name of Wife or Husband | — | Father's Birthplace | Md | | |
| Father's Name | E. Townsend | — | Mother's Birthplace | Md | | | |
| Mother's Maiden Name | Hester Townsend | — | How related to deceased | None | | | |
| Name of person giving information | J.W. Burbage | — | How long | 1 year | | | |

CAUSES OF DEATH

27

How long

How long

Primary

Pulmonary Tuberculosis

Immediate

Yes

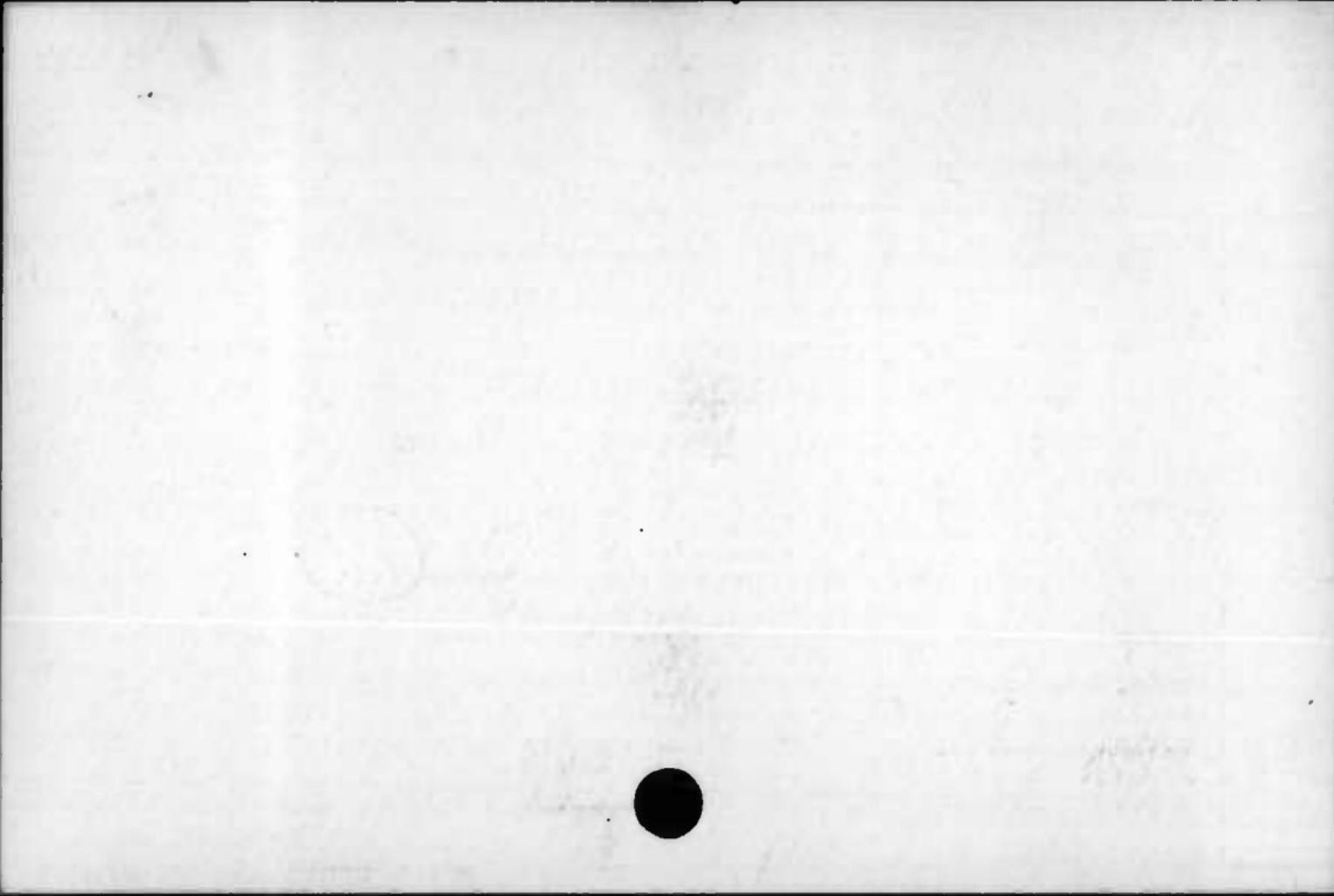
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Dickinson
Berlin
Md

Accident or Suicide?



Name
in
Full

Lewis Townsend

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|-----------------------|-------------------------|----------|--|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Years | Months | Days | |
| Sex | Color or Race | Age | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Lydia Jane Richardson | | | |
| Father's Name | Isaac Townsend | | Father's Birthplace | Maryland | |
| Mother's Maiden Name | Phalot Schaffield | | Mother's Birthplace | Maryland | |
| Name of person giving information | Charles E. Trumbo | | How related to deceased | None | |

CAUSES OF DEATH

27

How long

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

3 years

Immediate

Onset

Unknown

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

Assault & Battery
Berlin

Accident or Suicide?



Name
in
Full

Henrietta Ann C. Haystaff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|--|--|------------------|--------------------------------|--------------------|
| Town <i>Pensacola</i> | Count <i>Micidie</i> | | | |
| Died at <i>Pensacola</i> | Date of death <i>1908 June</i> | Day <i>19</i> | Years <i>79</i> | Months <i>5</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | Age <i>79</i> | Birth- place <i>N.Y.</i> | Days |
| Occupation <i>None</i> | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Widowed</i> | Name of Wife or Husband <i>This Henry Haystaff</i> | | | |
| Father's Name <i>Henry Grosvenor</i> | Father's Birthplace <i>Yonkers</i> | | | |
| Mother's Maiden Name <i>Franziska White</i> | Mother's Birthplace <i>Yonkers</i> | | | |
| Name of person giving Information <i>Alice W. Myess.</i> | How related to deceased <i>Daughter</i> | | | |

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Chronic Gastritis

How long

3 yrs

Immediate

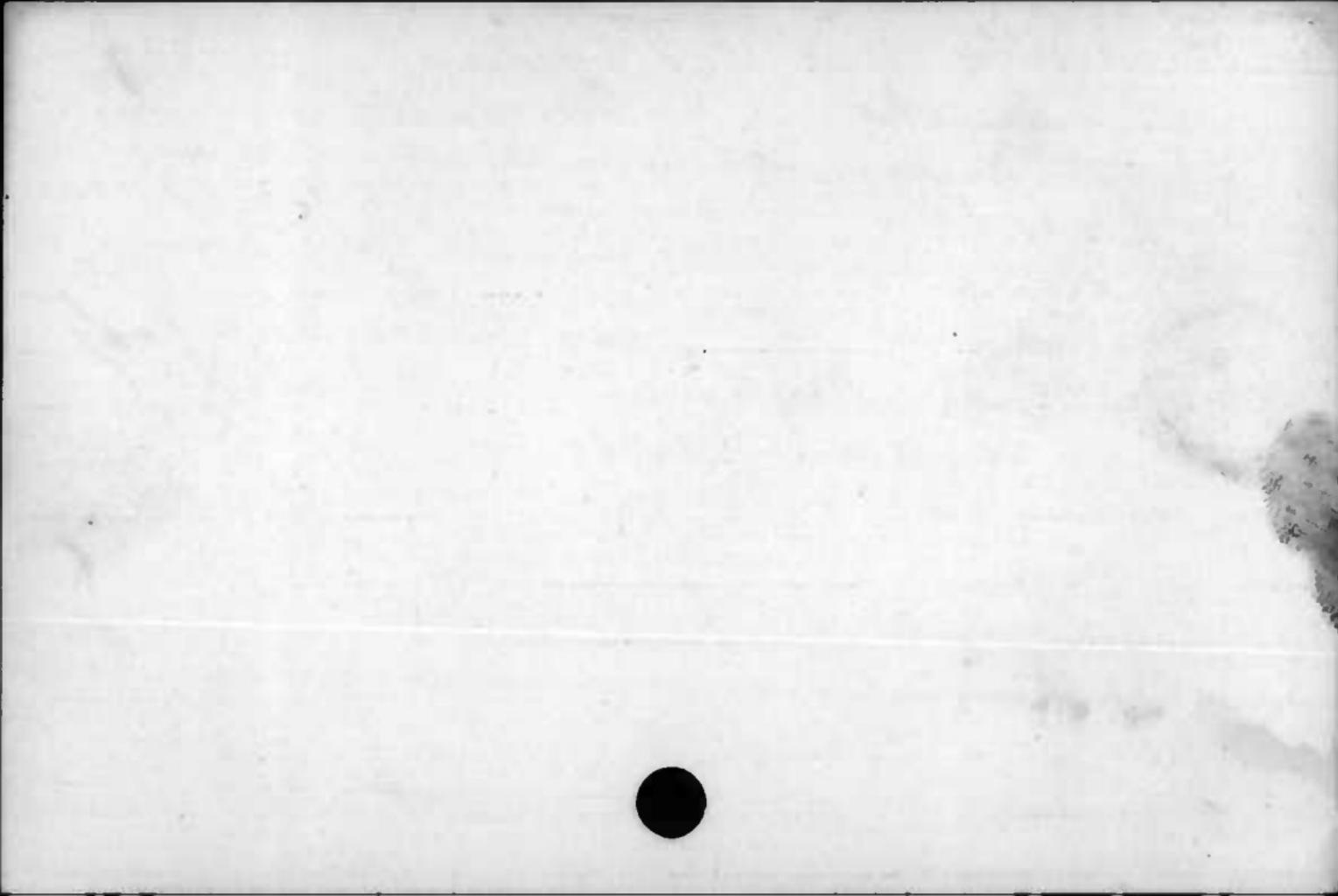
Splenitis

How long

*3 m*Are the name, age, sex, color, date,
and place correctly given above?*Yes*Signature of
Physician

Address

*J.W. Wilson
Pensacola City*Accident or Suicide?
v



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

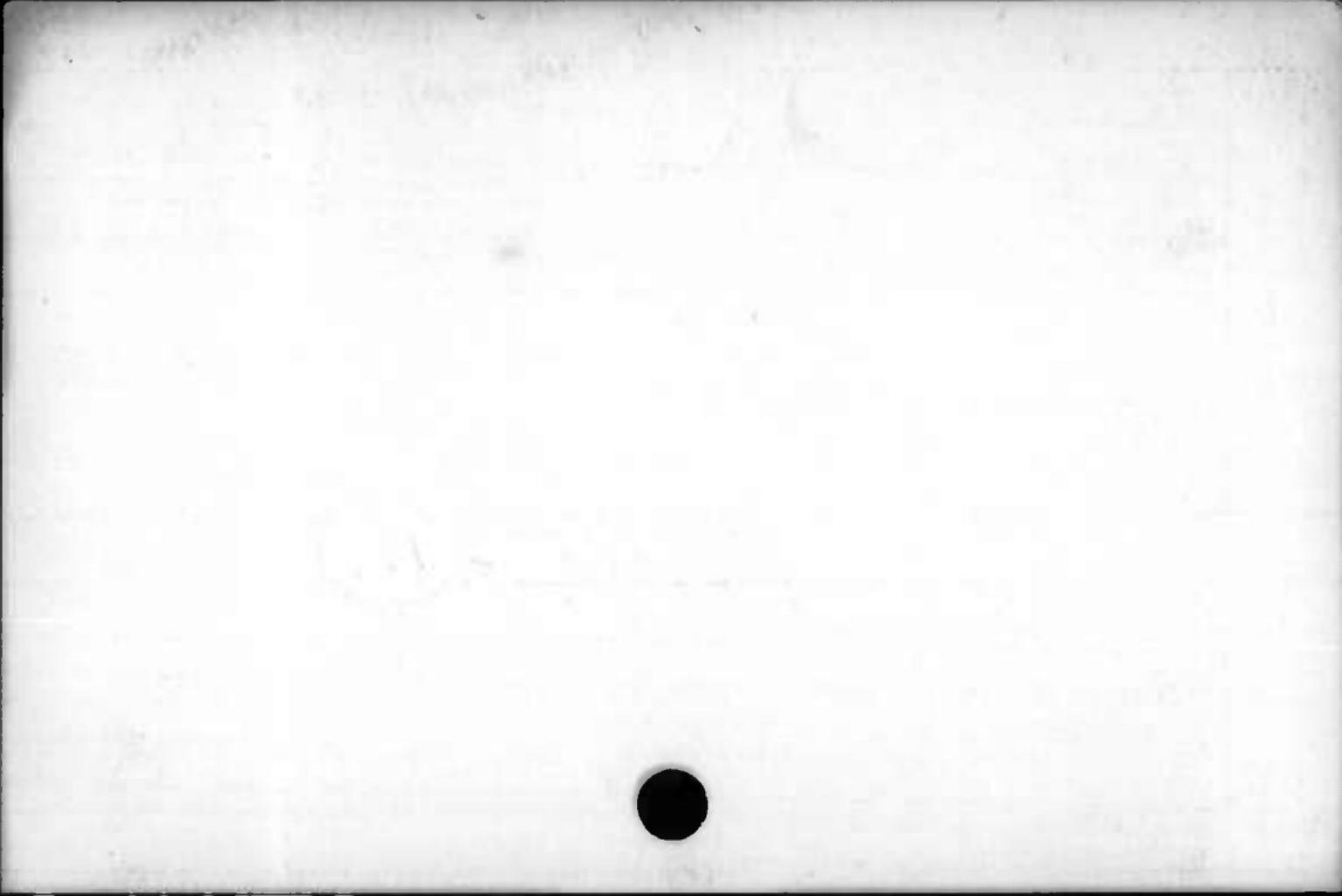
PHYSICIAN
OR CORONER

| | | | | | | |
|---|---|---------------|--------------|---------------------------------------|------------------|---------------|
| Died at <u>Stockton</u> | | Town | <u>Maid</u> | County | <u>Worcester</u> | |
| Date of death <u>1908</u> | Month <u>June</u> | Day <u>14</u> | Age <u>—</u> | Years <u>—</u> | Months <u>—</u> | Days <u>1</u> |
| Sex <u>Male</u> | Color or Race <u>White</u> | | | Birthplace <u>Ind</u> | <u>Ind</u> | |
| Occupation <u>Dwarf</u> | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | Father's Birthplace <u>Ind</u> | | |
| Father's Name <u>Chas C. Ward</u> | | | | Mother's Birthplace <u>Ind</u> | | |
| Mother's Maiden Name <u>Lula M. Sharpley</u> | | | | How related to deceased <u>Father</u> | | |
| Name of person giving information <u>Chas C. Ward</u> | | | | | | |

CAUSES OF DEATH

179

| | |
|---|----------------------------|
| Primary <u>Heart failure</u> | How long <u>at once</u> |
| Immediate <u>ages</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician |
| <u>Alma Payne Jr.</u> | Address <u>Stockton Md</u> |
| Accident or Suicide? | |



Name
in
Full

Solis M. Bates

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|---|----------------|---|-------------------------------|---|-------------------------------|
| Died at <u>near Boxiron</u> | | | County <u>worcester</u> | | MARYLAND | |
| Date of death <u>1908</u> | Month <u>June</u> | Day <u>1st</u> | Age <u>19</u> | Years | Months | Days |
| Sex <u>Female</u> | Color or Race <u>Bk</u> | | | Birth-place <u>Md</u> | | |
| Occupation <u>wife</u> | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Samuel Bates</u> | | Father's Name <u>Samuel Blake</u> | Father's Birthplace <u>Md</u> | Mother's Maiden Name <u>Betsy Johnson</u> | Mother's Birthplace <u>Md</u> |
| Name of person giving information <u>Samuel Blake</u> | | | | | How related to deceased <u>Father</u> | |

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

3 mo

Immediate

Death disease

How long

Suddenly

Are the name, age, sex, color, date and place correctly given above?

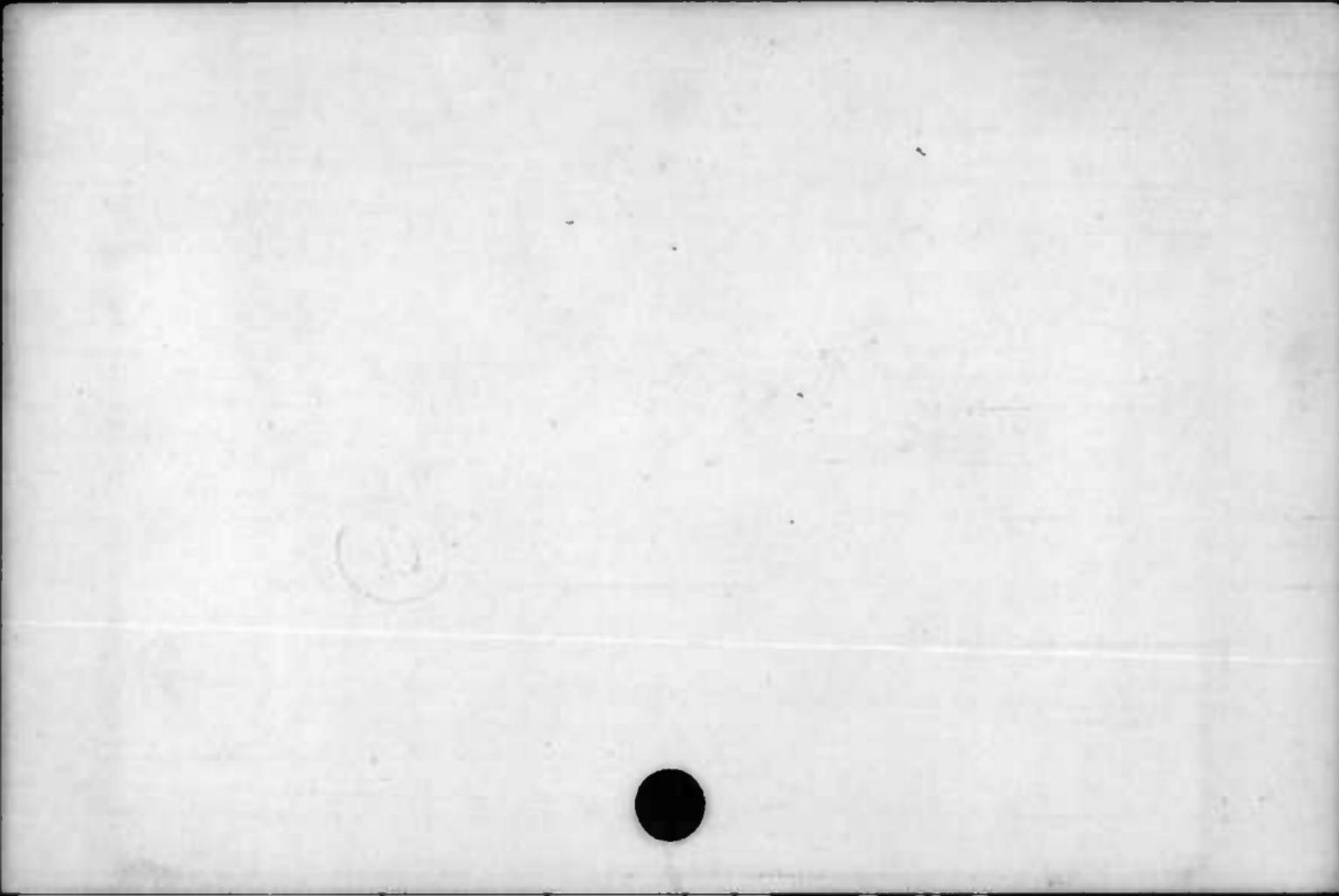
Signature of Physician

Address

Sam Jones

Snowsville Md

Accident or Suicide?



Name
in
Full

Richard C. White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|--------|----------|--------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | 15 | 10 | 9 |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | ✓ | | | |
| Father's Name | A. J. White | ✓ | | | |
| Mother's Maiden Name | Emily Kelley | ✓ | | | |
| Name of person giving information | Emily K. White | Mother | | | |

CAUSES OF DEATH

(1)

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------------|------------------------|----------------------|
| Primary | Hyphroid fever with septicemia | How long | 6 Weeks |
| Immediate | Double Paroxysm of convulsions | How long | 4 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | R. Reethers |
| | | Address | Promontory City, Md. |

Accident or Suicide?

